

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 482 969
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3			1		1	
4					1	
5						
6						
7					1	
8	1		1		1	
9		1			1	
10					1	
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14	1		1		1	
15	1		1		1	
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49						
50						
TOTAL IND.	3		9		7	
TOTAL DEP.	21	→	21	→	21	→
TOTAL CLAIMS	24		24		24	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS						